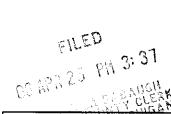


# BALLOT QUESTION COMMITTEE COVER PAGE



FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.This Statement covers From: 3/4/08 To 4/25/08			
1. Committee I.D. Number		4. Committee's Mailing Address			
138023	18905 Engl Macomb, MI	and Dr.			
2. Committee Name	Macrons, MI	48042			
	Area Code and Phone 5	(4) 203-843			
PROTECT OUR FITURE Maconb	If the address in this box is on the Statement of Organization of Organization of the control of	different from the committee mailing address on on, mail may be sent to this address by the filing			
5. Treasurer's Name and Residential Address					
Melissa Hlavin 18905 England De. Macomb, MI	18042				
Area Code and Phone (510) 203-8633					
6. Treasurer's Business Address	7. Designated Record Keeper's	Name and Mailing Address			
	(If the committee has a Desig	nated Record Keeper)			
,					
		•			
Area Code and Phone	Area Code and Phone				
8. TYPE OF STATEMENT:					
2 1	8c. ANNUAL STATEMENT	8e. LAMENDMENT TO CAMPAIGN STATEMENT			
8a. PRE-ELECTION	(Coverage Year)	i I			
OR	8d. QUALIFICATION	(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)			
8b. POST- ELECTION		· ·			
Elonor Ellonor	OR	8f. DISSOLUTION OF COMMITTEE			
Pre-Election or Post-Election Statement relates to:	NON-QUALIFICATION	Effective Date of Dissolution			
☐ PRIMARY ☐ GENERAL	STATEMENT (Required of State-wide Ballot Question				
Посило	Committees Only)				
☐ SCHOOL ☐ SPECIAL  Date of Election:		By checking this item, I certify that the			
Ma. 160 2010	Date of Qualification or Non- Qualification:	By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.			
191413 10, 0008		4B and the Summary Page.			
_	<del></del>				
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement can not be waived.					
Verification: I certify that all reasonable diligence was used in the my knowledge and belief the contents are true, accurate and contents.	preparation of this statement and anplete.	ttached schedules (if any) and to the best of			
Current Treasurer or Designated Record Keeper MCLISSA HAVY	MUSSA Ha Signature	un			



SUMMARY PAGE BALLOT QUESTION COMMITTEE	1. Committee I.D. Number 3XD23		
DALLOT WOLDSTON COMMITTEE	2. Committee Name PROHLUT	Que Future Marson	
RECEIPTS	Column I	Column II	
Contributions     a. Itemized Contributions(Schedule 4A, Column 6)	This Period (3a.) <u>\$ 1472.05</u>	Cumulative for Election Cycle	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE		
c. Subtotal of Contributions	(3c) \$ 1472.05	(18.)\$	
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.)\$	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1472.05</u>	(20.) \$	
IN-KIND CONTRIBUTIONS			
In-Kind Contributions     a. Itemized In-Kind Contributions     (Schedule 4-IK, Column 7)	(6a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE		
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	(21.)\$	
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures ( Schedule 48, Column 7)	(80.) \$ 907.55		
b. Itemized Get-Out-The Vote (Schedule 48-G, Column 6)	(8b.) \$		
<ul> <li>c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)</li> </ul>	(8c.) \$		
d. Uniternized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$		
e. Subtotal of Expenditures	(8e.) \$ 907.55	(22.) \$	
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$	
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 907.55	(24.) \$	
IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 48-2, Column 8)	(11.) \$	(25.) \$	
DEBTS AND OBLIGATIONS  12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(128.)\$		
b. Owed to the Committee (Schedule 4E)	(12b.) \$		
BALANCE STATEMENT			
<ol> <li>Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> </ol>	(13.)\$		
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14)+1472.05		
15. SUBTOTAL Add lines 13 and 14	(15)=1472.05		
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.)-907.55		
17. ENDING BALANCE (Subtract line 16 from line 15)	une 5/04,50		

<sup>\*</sup>If your ending balance is negative, please recheck your math.



### ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 138023

BALLOT QUESTION COM	2. Committee Name <u>FOECT</u>	ue tutuee	Macomb
Please enter contributors name and address. If comiddle initial.	ontribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Contribution # 1     Name & Address:	Date of Receipt 3-4-08		date of receipt)
Desaele, Philis			
42430 WricaRd.		s <del>20°°</del>	\$
5. If over \$100.00 cumulative, please provide:	18314	Click Here for Mer	no Itemization
Occupation Empl	oyer		
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
Name & Address:	Date of Receipt 3-4-08		
Rengeet, Keith 34080 aemada Rd.		\$ 100 °°°	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Mem	s Itamization
Occupation Empl	oyer	CHCK FIELD TO! MEIII	O nemization
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution #3 4. Name & Address:	Date of Receipt 3 - 7 - 0 8		<del></del>
Rengeet, Keith			
34080 Demada Rd		\$ 100000	\$ 200°
Pichmind MI 48062 5. If over \$100.00 cumulative, please provide:			
	0	Click Here for Memo	Itemization
Occupation COUNTY COMMISSION From	<u> </u>		,
Business Address Dy Louth Mai	ast. Mt. Cleans, UI		
Type of Contribution: X Direct	Loan from a person Fund Raiser		
Name & Address:	Date of Receipt 3-15-08		
Besaele, Philis 42430 Wicard			
42430 Uncard		\$ 2500	\$ 4500
Steeling Hats, MI 4831 5. If over \$100.00 cumulative, please provide:	4	Click Here for Mem	o Itemization
Occupation (Loubles Emplo	oyer		
Business Address			
Type of Contribution: X Direct	Loan from a person X Fund Raiser		
	Page Subtotal  Grand Total of All Schedules 4A  (Complete on last page of Schedule)	25000	
Page of		Enter this total	
		on line 3a of Summary Page	



### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

Page

SCHEDULE 4A				
BALLOT QUESTION COMMITTE	Z. Committee Ha		ll Futile	Maconb
Please enter contributors name and address. If contribut middle initial.	ion is from an individual, enter la	st name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4. Date of Name & Address:	Receipt3-15-0	Ŷ	•	
Sessa, Michael P. 39524 Chaet St.			s_25 <sup>w</sup>	\$
Hausen Twp, MI 48045  6. If over \$100.00 cumulative, please provide:			Click Here for Men	o Itemization
Occupation Employer				
Business Address				
Type of Contribution: Direct Le	pan from a person	Fund Raiser		
Contribution # 2     Address:  4. Date of	Receipt 3-15-	08		
Kreger Ralph			· 250	\$
Name & Address:  Kelger, Ralph  14157, Clenwood De  Shelby Twp, MI 48315  5. If over \$100.00 cumulativé, please provide:			*	
if over \$100.00 cumulativé, please provide:     Occupation Employer			Click Here for Memo	temization
Employer				
Business Address				
Type of Contribution: X Direct X Loa	n from a person	Fund Raiser		
Contribution #3     Andress:  4. Date of	Receipt 3-15-08			
Nevers, Nancy 49699 Lehe. De			· scu	
			\$ 25	\$
Macomb, MI 48644  5. If over \$100.00 cumulative, please provide:			Click Here for Memo	Itemization
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan	n from a person	und Raiser		
3. Contribution # 4 4. Date of Name & Address:	Receipt 3-15-01	7		
Vosbueg, Duare W. 47395 Sugerbush			· · · ·	
5. If over \$100.00 cumulative, please provide:			\$ 50	\$
			Click Here for Memo	Itemization
Occupation Employer		· · · · · · · · · · · · · · · · · · ·		
Type of Contribution: N Direct	oan from a person	Fund Raiser		
	<u> </u>	1		
		Page Subtotal	12500	
		al of All Schedules 4A	]	
7 /.	(complete on	last page of Schedule)	Enter this total	
Page 2 of 6			on line 3a of Summary	



# ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 138023

BALLOT QUESTION CO	MMITTEE 2. Committee Na	me Peatlet (	Suc Fish	e Macons
Please enter contributors name and address. I middle initial.	contribution is from an individual, enter la	st name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:  WOZNA & POUALA M	4. Date of Receipt 3-15-	08		cate of receipt)
Wozniak, Pouglas ( 53831 Whitby Way Shelby Twp, M1483 5. If over \$100.00 cumulative, please provide	· ·		\$ Click Here for Men	\$ no Itemization
	nployer			
Business Address		Fund Raiser		
3. Contribution # 2	4. Date of Receipt 3-15-0	•		
La Kouche, G. J. 37441 Clubhouse	De.		\$_25 w	\$
Stelling Hats MI 41 5. If over \$100.00 cumulative, please provide	312		Click Here for Memo	o Itemization
Occupation E	nployer	······································		
Type of Contribution: \(\frac{1}{X}\)Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:  May nard, Jaled 45128 Utila Green & 5. If over \$100.00 camulative, please provide	4. Date of Receipt 3-15-0	<u>&amp;</u>	\$Click Here for Memo	\$bitemization
OccupationE	mployer	· · · · · · · · · · · · · · · · · · ·		1
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:	4. Date of Receipt 3-15-08	<del></del>		
SZCZEPOWSKI, Ed 4057 BRADFORD Shelby Tup, MI 4 5. If over \$100.00 cumulative, please provide	[317		\$ 4HVVVV	\$
Occupation County commission E	Approprie County of Maco	nb		
Business Address On South M  Type of Contribution: X Direct	Loan from a person	Fund Raiser		
Page 3 of 0		Page Subtotal al of All Schedules 4A last page of Schedule)	Enter this total on line 3a of	,
			Summary Page	



# ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number \_\_\_\_\_\_138023

2. Committee Name 7 Port CA U(	el futue	e Maciones
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1  Name & Address:  H lavin, Jeff  13543 Winderdge Ct.  Sterling Hgts, MI 48313  5. If over \$100.00 cumulative, please provide:	\$ 100 cs	\$no Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2  Name & Address:  4. Date of Receipt 3-15-08		
Tollis, Daniel 43370 Devin	\$ 300	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Mem	o Itemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3  Name & Address:  4. Date of Receipt 3-/5-09		
Committee to Elect Keith Sadowski 4759 Hayman Walken, MI 48092 5. If over \$100.00 cumulative, please provide:	\$Click Here for Memo	\$bItemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 Name & Address:  VITAL I PEO COPIO  38042 N. BONKAY DR.  CLINTON TWP. MI 48036  5. If over \$100.00 cumulative, please provide:	\$ / / / / Ci	\$
Occupation Employer	CHEAT FOR THE INCH	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 4A  (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTION	<b>SNC</b>	1 Committ	tee I C	Number 1286	023	
SCHEDULE 4A						
BALLOT QUESTION COM	VITTEE	2. Committ	tee Na	ime Protect (	Oue Fretue	Le Marsons
Please enter contributors name and address. If comiddle initial.	ntribution is	s from an individual, er	nter la	st name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	Date of Rec	eipt 3-4	0	8		
Vosburg, Kathy D.					\$ 200	\$
VOSBURG, Kathy D. 47395 Sugaebush Rd. 5. If over \$100.00 cumulative, please provide:	1047				Click Here for Mer	mo Itemization
Occupation Emple						
Business Address		<del></del>		<u> </u>		
Type of Contribution: X Direct	Loan f	from a person		Fund Raiser		
3. Contribution # 2 4. Name & Address:	Date of Rec	eipt <u>3-2</u>	7	-08		
Rengelt, Keith 34080 Gemada Rd					\$ <u>100 °°</u>	\$ 300°°
5. If over \$100.00 cumulative, please provide:	2				Click Here for Mem	no Itemization
Occupation Empl	оуег		<u> </u>			
Business Address						
Type of Contribution: X Direct	Loan fro	om a person		Fund Raiser		
	Date of Rec	ceipt 3-17	<u> </u>	8		
Name & Address:				<u> </u>		
Tax Fighter PAC 27765 Molan St.					. 177 05	
27765 molan St.					s 127.05	\$
5. If over \$100.00 cumulative, please provide:	2045				Click Here for Mem	o Itemization
Occupation Empl	oyer					
Business Address		**************************************				
Business Address Type of Contribution: Direct	Loan fro	m a person		Fund Raiser		
Name & Address:	Date of Rece	eipt <u> </u>	<u> </u>	<del></del>		
Babin, Ronald 35 11 Poboin De. Steeling Hgts, 41 483 5. If over \$100.00 cumulative, please provide:						
35 11 Pobsin De	1.0				\$ <u>50°</u>	\$
Steeling Itgls MIM 85. If over \$100.00 cumulative, please provide:	10				Click Here for Men	no itemitetimeti on
Occupation Empl		·- <u>-</u>			Chick Hele for the	10 HETHLAUON
Business Address						
Type of Contribution: Direct	Loan	from a person	L	Fund Raiser		

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Grand Total of All Schedules 4A (Complete on last page of Schedule)

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Page 5 of 6

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# ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name PLOTOST DUR FUTUR MACRAS

	2. Committee Name 1001 CG	<u> </u>	sec 1-tations
Please enter contributors name and address. middle initial.	If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt 4-8-08		
Name & Address:		~ \v	
37328 Durder DR		s <u> </u>	\$
37328 Dunder DR 5. If over \$100.00 cumulative, please provi	M148310 de:	Click Here for Me	mo Itemization
Occupation [	Employer		
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution # 2 Name & Address:	4. Date of Receipt 4-15-08		
SZCZEPOWSKi, Ed. 4057 Beadford Shuby Tup. M 5. If over \$100.00 cumulative, please provide		* 1000 w	<b>.</b> \$
405 1 Beautora	11 60217	<u> </u>	′ <del></del>
5. If over \$100.00 cumulative, please provide	ie;	Click Here for Men	io Itemization
	Employer		
Business Address			
Type of Contribution: 💆 Direct	Loan from a person Fund Raiser		
3. Contribution # 3	4. Date of Receipt		
Name & Address:			
		\$	æ
			<b>—</b>
6. If over \$100.00 cumulative, please provi	de:	Click Here for Mem	o Itemization
Occupation	Employer		
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution # 4	4. Date of Receipt		
Name & Address:	<del></del>	•	
		\$	\$
5. If over \$100.00 cumulative, please provid	ie;	Click Here for Men	no Itemization
Occupation	Employer		
Business Address	· · · -		
Type of Contribution: Direct	Loan from a person Fund Raiser		
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### ITEMIZED OTHER RECEIPTS SCHEDULE 4A-1

BALLOT QUESTION COMMITTE	E 2. Committee Na	ma Platect Our Fre	tree Mormal
Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Name & Address: Macomb County Clek 401. Mainst.	Date of Receipt AXU/08	Refund\Rebate	\$ 4.57
Mt. Clemes, My 40043	Fund Raiser  Date of Receipt 4/2/20	Other (Specify)	
Name & Address:  Dota (ICA 4940 Campus DC #B	Date of Receipt 4/2/00	Loan from a Lending Institution Interest Refund\Rebate Click Here for N	\$_550.00
New poA Reach, CA 9866		Other (Specify)	·
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution	\$
	Fund Raiser	Refund\Rebate Click Here for N	emo Iternization Type
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution Interest Click Here for M Refund\Rebate Other (Specify)	\$ lemo Itemization Type
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution Interest Click Here for M Refund\Rebate Other (Specify)	\$ emo Itemization Type
Receipt#6 Name & Address:	late of Receipt	Loan from a Lending Institution Interest Refund\Rebate Click Here for M Other (Specify)	\$ emo Itemization Type
e of		Page Subtota Grand Total of All Schedules 4A - (Complete on last page of Schedule	1 30 1.33

1. Committee I.D. Number 38023



### ITEMIZED INDEPENDENT EXPENDITURES SCHEDULE 4B-1

1. Committee I.D. Number **BALLOT QUESTION COMMITTEE** 2. Committee Name People of Our Future

expenditures to Ballot Question Committees, or the pro 3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose.)	6. Date	7. Amount	8. Cumulative
	5. Ballot Proposal Information			for Election
Expenditure #1 Name & Address:	4. Purpose: Votel data	·1	_ •	···
DataGen	5. Mellonb County Char Ballot Proposal J	eter	0 = 550 W	•
4940 Campus De. #8 Newport Black, CA92660	County Maconb	Date of Expenditure	<u> </u>	_Ψ
Check box if expenditure is payment of Debt or	Support Oppose	Clic	k Here for Memo	Itemization
Obligation reported on previous statement	Statewide . Local			
Expenditure #2 Name & Address:	4. Purpose: intomation cas	ds		
M+B Graphics 47353 S. main St.	5. Maconb County Chart Ballot Proposal  County Marcon D	ee a/x/o	ls 53 6	\$
lichnord MI 48002	County Macons	Date of Expenditure		
Check box if expenditure is payment of Debt or Obligation reported on previous statement	Support Oppose  Statewide Local	Click	k Here for Memo	Itemization
Expenditure #3 Name & Address:	4. Purpose: Voter list			
Macomb County Cleek 40 NoAh Main St. Mt. Clemens, MI 48043	5. Macomb County Charter Ballot Proposal  County Macomb	H155 Date of Expenditure	\$	\$
Check box if expenditure is payment of Debt or Obligation reported on previous statement	Support Oppose Statewide X Local	Click	Here for Memo It	temization
Expenditure #4 Name & Address: Hamlin Pub	4. Purpose: fundraisee			· · · · · · · · · · · · · · · · · · ·
48929 Hayes Rd.	5 Macomb County Charles		\$ <u>300°</u>	. \$
48929 Hayes Rd. Shelloy Twp, M 48315	County Malomb	Date of Expenditure		
_	Support Oppose	Clic	k Here for Memo	Itemization
Check box if expenditure is payment of Debt or Obligation reported on previous statement	Statewide Local			
·	Su Grand Total of all S (Complete on last pa		600 Mags	907.55
D )			line 9 of	